

State of New Hampshire
Department of State
Corporation Division
107 North Main Street
Concord, N.H. 03301-4989
603-271-3244



Reinstatement of Charter

1. I, the undersigned, have been authorized and directed, on behalf of
"KBACE HOLDINGS, L.L.C."

to request reinstatement by the payment of fees in arrears plus a reinstatement fee of \$135.00 and the filing with the secretary of state of annual reports and any other forms with fees required by law. The date of the dissolution was September 1, 2005. (Note 1)

2. OMIT THIS SECTION IF NOT APPLICABLE AND COMPLETE SECTION 3.

(Complete this section ONLY if the name at time of reinstatement is not available. The entity name is protected for 120 days after the date of dissolution. Name must be checked for availability after 120 days.) (Note 2)

I further certify that since the name is no longer available, the name as amended will be _____

The name or proposed name satisfies the requirements of the Revised Statutes Annotated.

3. Dated 5/2/06
- By Dana Cauley (Note
- 3) _____
- Signature
- Dana Cauley
- Print or type name
- Manager
- Title

Note 1: If this application is filed with the Office of the Secretary of State MORE THAN 120 DAYS AFTER THE DATE OF DISSOLUTION, a CERTIFICATE OF GOOD STANDING from the In-State Bureau, Audit Division, Department of Revenue Administration, PO Box 457, Concord NH 03301-0457, must be submitted with this application. The fee for the certificate of good standing, payable to the Department of Revenue Administration, is \$30.00.

Note 2: If the entity name has changed, there will be an additional \$35.00 filing fee due with this application.

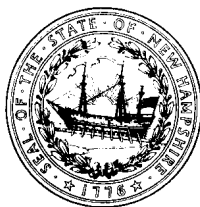
Note 3: Signature and title of person signing for the entity. Must be authorized to sign on behalf of the entity as required by the Revised Statutes Annotated.

State of New Hampshire
State of New Hampshire
Reinstatement Package 5 Page(s)

Re



T0614445027



**State of New Hampshire
Department of Revenue Administration**

45 Chenell Drive, PO Box 457, Concord, NH 03302-0457
Telephone (603) 271-3400
www.revenue.nh.gov



ADMINISTRATION
G. Philip Blatsos
Commissioner

AUDIT DIVISION
John Mintken
Director

Santo M. Presti
Assistant Director

March 29, 2006

DARLA CAULEY MEMBER
KBACE HOLDINGS LLC
6 TRAFALGAR SQUARE
NASHUA NH 03063

RE: Certificate of Good Standing
COMPANY: KBACE Holdings, LLC
FEIN: 20-0198053

Dear Ms. Cauley:

A review of the file on the above-named limited liability company indicates that, as of this date, this limited liability company has no outstanding tax liability and has timely filed its Business Profits Tax Returns and its Business Enterprise Tax Returns.

The issuance of this tax clearance letter at this time does not relate to any current or future review of the corporate returns.

This document is not valid for the purposes of a corporate withdrawal or dissolution.

Sincerely,

Diane L Dawson
Audit Supervisor
Audit Division

DLD/arb



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

"KBACE HOLDINGS, L.L.C."

TWO EXECUTIVE PARK DR , BLDG II
BEDFORD , NH 03110

ADDRESS OF PRINCIPAL OFFICE:

TWO EXECUTIVE PARK DR , BLDG II
BEDFORD , NH 03110

REGISTERED AGENT AND OFFICE:

Deleault, Robert R., Esq.

41 BROOK ST
MANCHESTER , NH 03104

ENTITY TYPE: LLC
BUSINESS ID: 449559
STATE OF DOMICILE: NEW HAMPSHIRE
FEDERAL ID: 000000000

REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☒ The new mailing address 16 Trafalgar Square - Nashua, NH 03063
☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Darla Cauley
STREET 16 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03063
NAME Ed Lazzari
STREET 16 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03063
NAME Raul Mamedov
STREET 16 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03063
NAME Mike Peterson
STREET 16 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03063

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Darla Cauley

Please print name and title of signer: Darla Cauley

NAME

manager
TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL): dcauley@kbace.com



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

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WILL BE ASSESSED A LATE FEE.

"KBACE HOLDINGS, L.L.C."

TWO EXECUTIVE PARK DR , BLDG II
BEDFORD , NH 03110

ADDRESS OF PRINCIPAL OFFICE:

TWO EXECUTIVE PARK DR , BLDG II
BEDFORD , NH 03110

REGISTERED AGENT AND OFFICE:

Deleault, Robert R., Esq.

41 BROOK ST

MANCHESTER , NH 03104

ENTITY TYPE: LLC

BUSINESS ID: 449559

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 000000000

REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☒ The new mailing address 16 Trafalgar Square - Nashua, NH 03063
☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Darla Cauley
STREET 16 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03063
NAME Ed Dezzari
STREET 16 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03063
NAME Robert Deleault
STREET 41 Brook St
CITY/STATE/ZIP Manchester, NH 03104
NAME Mike Peterson
STREET 16 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03063

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Darla Cauley

Please print name and title of signer: Darla Cauley

NAME

TITLE manager

FEE DUE: \$225.00

E-MAIL ADDRESS (OPTIONAL): _____



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State of New Hampshire 2006 ANNUAL REPORT

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"KBACE HOLDINGS, L.L.C."

TWO EXECUTIVE PARK DR , BLDG II
BEDFORD , NH 03110

ADDRESS OF PRINCIPAL OFFICE:

TWO EXECUTIVE PARK DR , BLDG II
BEDFORD , NH 03110

REGISTERED AGENT AND OFFICE:

Deleault, Robert R., Esq.

41 BROOK ST
MANCHESTER, NH 03104

ENTITY TYPE: LLC

BUSINESS ID: 449559

STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☒ The new mailing address 6 Trafalgar Square, Nashua, NH 03003
☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Darla Cauley
STREET 6 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03003
NAME Ed Lazzari
STREET 6 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03003
NAME Ravi Mangam
STREET 6 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03003
NAME Mike Pettus
STREET 6 Trafalgar Square
CITY/STATE/ZIP Nashua, NH 03003

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): dcauley@KBACE.COM



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